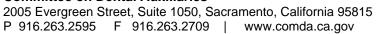


Committee on Dental Auxiliaries





LBC APPLICATION CHECK LIST

APPL	LICANT NAME: DATE:
	Completed application form - signed Notarized if signed application out of State of California
	\$20.00 Application Fee
	\$51.00 Fingerprint <u>Card</u> Fee Fee payment to COMDA not required if submitting live scan fingerprints.
	Copy of Diploma
	Original National Board Scorecard This item may come independent of application.
	Fingerprint cards or Live Scan Form
	Original Certification of Nitrous Oxide, STC, and Local Anesthetic Cards The coursework must have been completed during your hygiene education. If not refer to the insert regarding acceptable courses.
	Completed "Certification of Dental Hygiene Clinical Practice" Form (750 hrs) and copy of contract if applicable. (Fax copies are not accepted)
	"Out of State" licensure certification form(s) This item may arrive independent of application.
	Original proof of passing a State/Regional Exam
	25 Continuing Education hours including CPR - original and a copy 2 hours of California Dental Practice Act and 2 hours Infection Control – MUST BE CALIFORNIA BOARD-APPROVED COURSES CPR Card must be from American Heart Association or American Red Cross
	Xray certification form – school seal/stamp must be applied (LBC 4/08)